

<b>Case Number:</b>	CM14-0160191		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	06/22/2009
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is of an unknown birthday reported an injury on 06/22/2009 due to an unknown mechanism. Physical examination on 05/29/2014 revealed complaints of an exacerbation of low back pain. The pain was rated a 6/10 on a scale of 1/10. Examination revealed pain to palpation from L4 down to S1 and left and right paraspinal musculature, as well as mid spine, left worse than the right. Range of motion for flexion was to 60 degrees, extension was to 30 degrees, bilateral rotation was to 40 degrees and bilateral tilt was to 40 degrees. There was a negative straight leg raise bilaterally. Neurovascularly; the injured worker was intact to both lower extremities. Diagnoses were degenerative disc disease and chronic low back pain with intermittent L4-S1 left sided radiculopathy. It was reported that the injured worker used the microwavable heat pack, which she used after work, and was asking for a replacement. Medications were Synekot S, Motrin 600 mg, and Prilosec 20 mg. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-35.

**Decision rationale:** The California ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicate tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging) (MRI) for neural or other soft tissue, computed tomography (CT) for bony structures. There was no red flag on the neurologic examination of the injured worker dated 05/29/2014. There was no specific nerve compromise reported. The clinical information submitted for review does not provide evidence to justify an MRI of the lumbar spine. Therefore, this request for MRI of the lumbar spine is not medically necessary and appropriate.

**Microwave heat pads:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The California ACOEM states at home local applications of heat or cold are as effective as those performed by therapists. It was reported that the injured worker used his microwave heat pad after work. It was reported that the injured worker needed his microwave heat pad replaced. Therefore, this request of Microwave heat pads is medically necessary and appropriate.